Request for Proposal (RFP)
Marketing Research Consultancy

Summary

| Tender Reference | 19159-01 |
| Supplies, services, works | Services |
| Tender launch date | 13 April 2012 |
| Contract Manager: | Barbara Reichwein |
| Deadline for the submission of offers | 11:59 GMT 8 May 2012 |
| Address for submission of offers: | barbara.reichwein@mariestopes.org.uk |
| Estimated date for award of contract: | 16 May 2012 |
| Duration of contract: | June - September 2012 |

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1. Acronyms

BCC  Behaviour Change Campaign  
FP   Family Planning  
IUD  intrauterine device  
MSI  Marie Stopes International  
NGO  Non-profit organisation  
RFP  Request for Proposal  
RME  Research, Monitoring and Evaluation

2. Organisational overview

Marie Stopes International (MSI) operates in 42 countries worldwide to increase access to comprehensive sexual and reproductive health (SRH) services and to expand contraceptive choices for millions of women and couples. Over the past 36 years, MSI has delivered high quality services through innovative service delivery models that serve the underserved and reach the unreached. These service delivery channels include MSI centres, mobile clinical outreach programmes, social franchising clinic networks, social marketing programmes and community-based delivery.

MSI’s 612 centres form the backbone of the organisation’s service delivery infrastructure. MSI centres are designed to be comfortable, non-intimidating environments where women, men and adolescents receive information about their reproductive choices and access vital services. They are often referred to as the gold standard in reproductive health service delivery in their countries, demonstrating to host governments and other providers what is possible in terms of quality, safety, productivity, confidentiality and customer focus.

Extending from these centres are MSI clinical outreach teams, which provide services to hard to reach populations in around 6,000 rural locations and urban slums. MSI outreach teams bring family planning choices to women and men in rural and remote areas who otherwise would have access to only short term methods or no family planning at all. MSI’s outreach approach transforms government facilities, community buildings and even workplaces into sterile surgical environments to deliver intrauterine devices (IUDs), implants, female sterilisations, vasectomies, short term contraception and other reproductive health services when needed.

To expand clients’ choice of provider, MSI also works with public, private and other non governmental organisation (NGO) health providers to broaden access to voluntary family planning and safe abortion services. As an organisation that always seeks new ways to deliver services, MSI uses the following innovative approaches:

- social franchising - MSI’s franchise networks now comprise more than 1,700 private, public, faith-based and NGO healthcare providers that deliver a range of high quality family planning, safe abortion (where legally permitted) and post-abortion care choices to low income women in their communities
- demand side financing - MSI reimburses accredited private or NGO healthcare providers for providing sexual and reproductive health services, often through voucher schemes that transfer purchasing power to the poor and vulnerable
- community-based distribution - MSI brings contraceptive commodities directly to hard to reach populations by providing training and supplies to community health workers and members of the community
- social marketing - MSI increases access to affordable condoms, contraceptive pills and emergency contraception through pharmacies and non-clinical settings.
Service delivery is complemented with marketing and behaviour change communication campaigns that improve health-seeking behaviour and build social support for sexual and reproductive health within communities. MSI country programmes receive programme, technical, financial and human resource technical assistance from MSI support offices in London, Melbourne and other regional offices in Nairobi, Addis Ababa and New Delhi.¹

3. Project background

Marie Stopes International (MSI) is strengthening its organisational and technical capacity in the field of Research, Monitoring and Evaluation (RME) for marketing activities at the global and country level.

A strong focus on results-based management runs through MSI’s work and is a key driver of our organisational success. Being client centred is part of this focus on results and is fundamental to MSI’s strategy. By deepening our understanding of potential clients’ profiles and by informing tailored interventions, marketing research aids our evidence-based decision making and ultimately will benefit our clients.

In 2012, with a renewed focus on quality, we are therefore expanding our portfolio of RME guidance beyond the quality of our core service delivery (supply of services through centres, social franchises and outreach). This RFP focuses on strengthening RME for demand generation towards more sophisticated tools and guidance on how to steer and monitor the quality of marketing activities.

4. Purpose and rationale for marketing research tools

MSI aims to reach the poor, the young and groups with an unmet need for family planning (FP), in order to increase contraceptive prevalence in the countries we work in, and decrease maternal mortality, thereby contributing to the Millennium Development Goals (http://www.undp.org/content/undp/en/home/mdgoverview.html).

To increase to national contraceptive prevalence, MSI aims to attract clients who have previously not used FP (adopters) and to serve users who depend on MSI for their continued FP access (programme continuers). Only by reaching these population groups will MSI increase national FP prevalence and fulfill our mandate of serving the underserved.

Because of this, MSI is particularly interested in learning how to expand its client base among non-users of FP. This is a challenging but crucial task to inform how we may best provide, accessible, equitable, efficient and high quality comprehensive family planning services and safe abortion care (where legally permitted). MSI seeks to invest in its understanding of client profile, needs and behaviours, by contracting out the development of a set of tools for qualitative consumer research. While MSI recognises the value of total market approaches including competitor analysis, this RFP is narrower. It is primarily concerned with understanding client profiles and client outcomes and focuses on two RME-intensive stages (market segmentation and measure and evaluation [M&E] of marketing activities), which frame the start and end of successful marketing and BCC activities. In Figure 1, these two stages of the marketing project cycle are shaded blue. Steps in the centre of the marketing project cycle are recognised as equally important and subject to future research, but are not covered by this RFP and listed here only in the interest of completeness. The purpose of this consultancy therefore, is to enable country programme staff to target, monitor and evaluate marketing activities.

Figure 1: RFP for Marketing Research, Monitoring and Evaluation (focal areas shaded blue)

Who are our potential clients?
Understanding the consumer market

1. Guide how to interpret and apply the above in tailoring:
   - DHS data analysis
     - Contraceptive Use
     - Comparing client groups (modern/traditional users, potential future need, unmet need limiting spacing)
     - Understanding non-use
     - Fertility preferences
   - Qualitative research
     - Suite of standardised tools (tailored to national context) assessing needs and barriers of potential client segments

   RESULT: Profile and needs of potential client segments identified

Tailoring interventions:
- Service delivery channel mix
- Social Marketing mix
- Innovative approaches incl. community-based distribution, demand-side financing etc.
- Typical BCC and marketing activities, for example:
  - Community events
    - Mass media campaigns
    - Peer education
    - Door-to-door visits
  - Future research potential:
    - Message testing
    - Brand positioning
    - Pricing strategy

Are we reaching potential clients?
Tracking Marketing/BCC activities

3. M&E tools for
   - Behaviour change campaigns
   - Marketing campaigns
   - Two more marketing activities, based on pilot country needs

RESULT: Tools for assessing quality (output) and effect (outcome) of typical behaviour change and marketing activities have been piloted in country programmes and can be adopted into MSI M&E framework
To this end, MSI is seeking the services of a group of consultants to **produce a set of MSI RME tools**, which integrate with MSI's existing:

- marketing activities toolkit (operational focus)
- DHS analysis package
- M&E framework and research tools within it.

These RME tools should be modelled after MSI’s standard research tool format. An MSI research tool includes a protocol, standard questionnaire / conversation guide, interactive data entry and analysis aids, and reporting templates. It is rich in examples, suggests sources, and easy-to-use aids (often in the form of excel drop down menus) that simplify the process or conducting research.

Each RME tool will explore aspects and drivers of non-use of FP and safe abortion services (where legally permitted), tailored to specific developing country contexts, and each will enable MSI to understand potential client needs and behaviours and effectively promote the uptake of MSI services. A tool standardises the research activity across MSI programmes, equipping country programme staff with the technical skills to scope, develop, implement, and monitor marketing research of high quality and robustness.

The output of this body of work will inform improvements of interventions and especially the tailoring and M&E of marketing activities. For this reason, we envision two field visits to two country programmes (4 trips total) will be required, to ensure the outputs are tailored to country needs. The tools will need to assist typical behaviour change and marketing activities such as advertising through media channels, awareness raising through interpersonal communication or the sale of socially marketed drugs and products, which is commonly referred to as ‘social marketing’. While social marketing may be one the activities to benefit from these RME tools, it is not the only one and the RFP this not strictly focussed on ‘social marketing’. It takes a broader approach to generating the evidence that informs marketing of MSI interventions and services.

## 5. Objectives

There are two main objectives of the set of tools:

- **CONSUMER MARKET SEGMENTATION**: guide staff in portraying the potential user archetypes and carry out formative research to determine target audiences, motivators and barriers.

- **TRACK & FOLLOW UP**: instruct staff in how to monitor the quality and track outcomes of typical marketing or behaviour change activities: behaviour change campaigns (for example door-to-door visits to create awareness about family planning, peer education to change attitudes to post abortion care, or community events to encourage attendance of MSI outreach camps), marketing campaigns (for example mass media campaigns or wall murals in rural areas), and two additional marketing activities to be determined by the pilot countries. M&E tools should draw on a mix of qualitative and quantitative methods and will need to acknowledge the large variety of national contexts in which MSI delivers programmes.

All tools produced must be of practical nature. Their development should take into account best practice from different sectors on RME, for instance RME of community engagement and marketing campaigns in the public and private sector.
6. Outputs

- a market segmentation tool offering
  a) a guide on how to interpret and apply DHS segmentation, in order to tailor
  b) a suite of qualitative instruments. These instruments help identify and understand potential client groups in different country settings.

Client groups should include non-users of family planning (FP), clients in need of safe abortions (where legally permitted), FP method switchers, and non modern methods users. The consultants are expected to suggest a categorisation of different country settings, for instance by geographic region, fertility desire, progress in the demographic transition, or developmental state of FP and safe abortion service markets (where legally permitted).

- a monitoring and evaluation tool to track the quality (output) and effect (outcome) of different behaviour change campaigns (BCC), for example door-to-door visits to create awareness about family planning, peer education to change attitudes to post abortion care, or community events to encourage attendance of MSI outreach camps

- a monitoring and evaluation tool to track the quality (output) and effect (outcome) of different marketing campaigns, for example mass media campaigns or wall murals in rural areas.

- two additional monitoring and evaluation tools that track the quality (output) and effect (outcome) of two further activities. These two additional marketing activities are to be determined by the pilot countries during the first field trip.

- recommendations of what marketing RME tools for marketing research MSI could focus on developing next.

- intermediate deliverables for the purpose of progress updates and research communication including inception report, 5-page status reports after field visits, presentation of results at support office in London and writing a snapshot 2-page brief (full list, please see Heading 10 Timeline and key):

7. Resources provided to the consultants

MSI will provide a range of existing materials which this consultancy should build on:

- MSI Marketing tool kit (operational)
- MSI standardised DHS analysis syntax (SPSS)
- M&E Manual summarising MSI’s M&E framework
- sample MSI research tools, most importantly the MSI Exit Interview package
- point persons and contacts in 2 MSI country programmes (for field visits)

8. Basic methodological issues to be addressed in the proposal
Refer to Annex for guidelines pertaining to the proposal content and format.

Desired Methodological Features of the marketing research tools:

- builds on existing quantitative analysis of Demographics and Health Surveys (DHS) data and comparison to MSI service statistics and links these sources into the decision which qualitative instrument to use and how to tailor it.
• includes tools for primary qualitative data collection of psychographics, attitudinal and behavioural factors
• gives guidance on how to triangulate data from sources listed above.
• produces templates for user profiles of potential clients.
• outlines a range of monitoring mechanisms and key indicators for typical behaviour change activities.

9. Key responsibilities

The Contractor will be responsible for the following:

1. Developing all tools to interpret and use existing secondary data analysis (DHS) to inform focus of qualitative research.

2. Developing all tools and protocols for primary qualitative data collection (market segmentation) and M&E of typical BCC and marketing activities.

3. Preparing a preliminary marketing research toolkit which coaches staff through the interpretation and triangulation of data and use of findings (to be submitted to MSI for technical feedback)

4. Piloting the toolkit in two country programmes.

5. Preparing a comprehensive marketing research toolkit (based upon feedback from MSI on preliminary version), presenting results at our Conway Street office in London and writing a snapshot 2-page brief.

10. Timeline and key deliverables

MSI has allocated a maximum of 65 consultant days to this contract. How these days are split among individuals is for the applicant to detail. All work and deliverables must be completed within three and a half calendar months from the start of the contract. The following table presents a timeline with five distinct phases and deliverables.

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Phase</th>
<th>Deliverable</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Award date</td>
<td></td>
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<td>May 16th 2012</td>
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<tr>
<td>Project start</td>
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<td>May 21st 2012</td>
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<tr>
<td>Days 1 – 10 (10 days)</td>
<td>Planning Phase</td>
<td>Inception report with MSI marketing data needs analysis, final work plan, field visit schedule, tool descriptions, and final budget</td>
<td>Day 10 of contract</td>
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</tbody>
</table>
| Days 11 – 20 (10 days) | Field visit phase (Assess data needs of 2 country programmes’ marketing activities) | - 5-page status report  
- Outline of comprehensive marketing research toolkit | Day 20 of contract |
| Day 20 – 35 (15 days) | Analysis and Preliminary tools | - Preliminary tools for interpretation and use of | Day 45 of contract |
| Days 36 – 55 (20 days) | Field test phase (Pilot tools and toolkit in 2 country programmes) | - 5-page status report  
- Adapt tools for interpretation of secondary data, primary data collection, and M&E tools |
| Days 56 – 65 (10 days) | Completion of a comprehensive marketing research toolkit (based on feedback from MSI) and presentation at support office London. | - Final tools and protocols for primary data collection and secondary data analysis  
- Final toolkit including triangulation of data and application of findings  
- Presentation of results at support office in London and writing a snapshot 2-page brief  
Day 65 of contract |

*All data and materials generated under the auspices of this project will become the sole property of Marie Stopes International.*

11. Minimum requirements of applicant

The scope of this RFP will likely require a small group of people, rather than an individual to apply. Marketing agencies, research or consulting institutions and academic groups are equally encouraged to apply, so long as they meet the minimum requirements laid out below:

- expertise in marketing for behaviour change, particularly as it applies to low-resource and/or under-developed settings
- extensive experience in market segmentation using quantitative and qualitative research methods
- extensive experience in monitoring and evaluation of marketing and behaviour change work using quantitative and qualitative research methods
- experience in designing and delivering training or guidance materials for field researchers and operational staff
- experience conducting marketing research that applies to sexual and reproductive health (preferred)
- experience in the non-for profit or private sector (preferred)
- availability for international travel is required
- there is no requirement as to where the consultants should be based.

12. Tender process and basis for award of contract

**Tender process**

Applicants submitting a tender will be expected to provide the following information:

- proposal as per the guidelines in Annex A
- any departure from the ToR or proposed timeline
- full budget in Pounds Sterling.
The price quoted is fixed and not subject to revision. Costs incurred in preparing and submitting tenders are borne by the tenderers and shall not be reimbursed. MSI will seek references before the award of contract.

**Basis for award of contract:**
- technical rigour of approach outlined in the proposal
- coherence of proposal; clear, credible, structured methodology
- expertise of the applicant in designing marketing research for field researchers
- value for Money
- commitment to availability.

**13. Exclusion criteria**

Participation to this tender is only open to tenderers who are not in one of the situations listed below:
- bankrupt of being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are the subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations
- have been convicted of an offence concerning their professional conduct by a judgment which has the force of res judicatory
- have been guilty of grave professional misconduct proven by any means
- Have not fulfilled obligations relating to the payment of social security obligations or the payment of taxes in accordance with the legal provisions of the country in which they are established
- have been the subject of a judgment which has the force of res judicata for fraud, corruption, involvement in a criminal organisation or any other illegal activity
- in addition to the above, contracts may not be awarded to a tendered who, in the course of the procurement procedure, are subject to a conflict of interest or are guilty of misrepresentation in supplying any of the required information.

**14. Contract Payment term**

Tenderers are invited to note that, if awarded the contract, payment terms will be subject to negotiation. MSI's stand terms of payment will be 30 days after the end of the month of receipt of the invoice, or, if later, after approval and acceptance of the services or works.

**15. Disclaimer**

MSI reserves the right:

To alter the schedule of the tender and contract awarding;
To cancel this tender process at any time and not to award any contract;
Not to award any contract as a result of this invitation to tender;
Not to accept the lowest or any tender.

MSI shall not be liable for any costs incurred by the tenderer in the preparation of the proposal or any associated work effort, including the production of presentation materials.

(A) General Instructions:
- all proposals should be a maximum of 10 pages (excluding Title page and Annexes)
- all text must be in Arial font, 11-point size
- all budget figures must be presented in Pounds Sterling (£).

(B) Required Proposal Format
I. Title page (with name(s) of lead investigator(s), organisation’s name, and contact details)
II. Abstract (maximum 1 page)
III. Applicant Qualifications and Experience to Undertake the Contract
IV. Technical Approach (separate clearly between qualitative study and M&E tools)
   A. Study methodology
      1. Study indicators
      2. Data sources and data collection methods
      3. Description of the analysis
   B. Technical collaborators (if any collaborators will be involved, indicate at what stage and in what capacity they will contribute to the process)
   C. Data quality assurance
   D. Foreseeable study limitations/caveats
   E. Ethical considerations

V. Operational Approach
   A. Work plan (with milestones and timeframes)
   B. Budget
      1. Use the following budget headings:
         a. Personnel Costs
         b. Operational Costs
            i. Travel (list airfare and subsistence separately)
            ii. Communications
            iii. Printing
            iv. Other
            c. Indirect costs (if applicable)
      2. Present unit costs, number of units, and total costs for each budget line item
      3. Clearly state all budget assumptions

VI. Annexes
- curriculum vitae of lead investigator(s)
- names and contact information of three (3) professional references for the consultants
- draft tools that will be used for data collection and analysis.